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SERIAL NUMBER 10/622,932	FILING OR 371(c) DATE 07/18/2003 RULE	CLASS 424	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. BPI-187
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** CONTINUING DATA *****

This appln claims benefit of 60/397,275 07/19/2002 and claims benefit of 60/411,081 09/16/2002
 and claims benefit of 60/417,490 10/10/2002
 and claims benefit of 60/455,777 03/18/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/05/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	MA	0	17	8
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

00959

TITLE

Treatment of TNFalpha related disorders

FILING FEE RECEIVED 1742	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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